

My Name _____
Address _____
City, State, Zip _____
Phone _____
E-mail _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

Petitioner _____	Order on Petition to Modify Child Custody, Parent-time and Support
v. _____	
Respondent _____	
	Case Number _____
	Judge _____
	Commissioner _____

The matter before the court is ☐ Petitioner's ☐ Respondent's Petition to Modify Child Custody, Parent-time and Child Support. This matter is resolved by:

☐ The default of ☐ Petitioner ☐ Respondent.

☐ The stipulation of the parties.

☐ The pleadings and other papers of the parties.

☐ Communication with the court that entered the controlling order of which the parties have been informed. The parties were informed promptly of the communication and, if requested, granted access to the record of the communication. The parties:

☐ participated in the communication.

☐ were given the opportunity to present facts and legal arguments before a decision on jurisdiction was made.

☐ A hearing held on _____ (date).

Petitioner

- ☐ was ☐ was not present
☐ was represented by _____
☐ was not represented.

Respondent

- ☐ was ☐ was not present
☐ was represented by _____
☐ was not represented.

Office of Recovery Services

- ☐ was ☐ was not present
☐ was represented by _____

Legal guardian or legal custodian _____ (name)

- ☐ was ☐ was not present
☐ was represented by _____
☐ was not represented.

Person Acting as Parent _____ (name)

- ☐ was ☐ was not present
☐ was represented by _____
☐ was not represented.

Having considered the documents filed with the court, the evidence and the arguments,
and now being fully informed,

The Court Orders That:

- (1) ☐ **Petition denied.** The Petition to Modify Child Custody, Parent-time and Child Support is denied.
☐ **Petition granted.** The Petition to Modify Child Custody, Parent-time and Child Support is granted, and the controlling order is modified as follows:

CUSTODY

- ☐ No change in the controlling order.
☐ Custody is modified as follows:

Child's Initials (in the order listed on the Non-public Information- Minors Form)	Month & Year of Birth	Physical custody will be with:	Legal custody will be with
(1)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both <input type="checkbox"/> Other _____ _____
(2)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both <input type="checkbox"/> Other _____ _____
(3)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both <input type="checkbox"/> Other _____ _____
(4)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both <input type="checkbox"/> Other _____ _____
(5)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both <input type="checkbox"/> Other _____ _____

PARENT-TIME

- ☐ No change in the controlling order.
☐ Parent-time is modified as follows:

(2) Parent-time schedule. Parent-time for the non-custodial parent is to be: (Choose ☒ one.)

- ☐ according to the controlling order
☐ as provided in the attached Parenting Plan

- ☐ according to the attached statutory parent-time schedule (Utah Code Section 30-3-35 for children between 5 and 18 years old and Section 30-3-35.5 for children less than 5 years old.)
- ☐ according to the attached statutory parent-time schedule for a parent who has relocated (Utah Code Section 30-3-37)
- ☐ Other:
-
-
-

(3) Exchange. Exchange of the children for parent-time is to be: (Choose ☒ one.)

- ☐ according to the controlling order
- ☐ as provided in the attached Parenting Plan
- ☐ at curbside by ☐ Petitioner ☐ Respondent at the following address:
-
-
-

☐ Other:

(4) Travel costs. The travel costs for exchanging the children for parent-time will be paid: (Choose ☒ one.)

- ☐ according to the controlling order
- ☐ as provided in the attached Parenting Plan
- ☐ _____% by the Petitioner and _____% by the Respondent

Reimbursement for the children's travel expenses by the responsible party to the other be made within 30 days after receiving a statement of those expenses.

(5) Relocation. If either parent moves more than 150 miles from the residence specified in the court's decree:

- (A) The moving parent will provide to the other parent, if possible, 60 days advance written notice of the intended move, affirming that:

- (i) the parent-time provisions in Utah Code Section 30-3-37 or a schedule agreed to by the parties will be followed; and
 - (ii) the moving parent will not interfere with the other's parent-time rights.
 - (B) If the moving parent fails to notify the other parent of the intended move, then the moving parent can be found in contempt of court.
 - (C) The parties will modify the parent-time plan, including transportation costs, in light of the best interests of the children, considering also the provisions of Utah Code Sections 30-3-33, 30-3-35, 30-3-35.5, and 30-3-37.
- (6) ☐ **Future parent-time modifications.** The parties may modify the parent-time schedule by mutual agreement. If the parties cannot agree on a parent-time schedule, before filing a petition to modify parent-time, they will mediate the dispute in good faith with a mediator qualified to mediate domestic disputes under criteria established by Code of Judicial Administration Rule 4-510.
- (7) ☐ **Immediate effective date.** The change to parent-time is effective immediately upon entry of the court order.

CHILD SUPPORT

- ☐ No change in the controlling order.
 - ☐ Child support is modified as follows:
- (8) **Amount.** ☐ Petitioner ☐ Respondent must pay \$_____ each month to support the children.
- (9) **Payee.** (Choose ☒ (9)(A) if the Office of Recovery Services (ORS) is collecting child support payments. Choose ☒ (9)(B) if not.)
- (A) ☐ **To ORS.** Office of Recovery Services (ORS) is collecting child support payments. Income withholding shall be made from the salary and wages of the Payor. Any Federal and State tax refunds or rebates due the payor may be intercepted by the State of Utah and applied to existing child support arrearages. Income withholding should apply to existing and future payors. Unless the Office of Recovery Services gives notice that payments should be sent elsewhere, all child support payments should be made to the Office of Recovery Services. Child support should be due on or before the first day of each month and delinquent on the first day of the following month. All administrative fees and costs of income withholding assessed by the Office of Recovery Services shall be paid by ☐ Petitioner ☐ Respondent.

(B) ☐ **To party** (Complete (10)(A) and (10)(B).)

(10) **Payment schedule.** ORS is not collecting child support payments. Child support shall be paid: (Choose ☒ one.)

☐ (A) one-half by the 5th day of each month and one-half by the 20th day of each month.

OR

☐ (B) according to the following schedule:

_____ % On or before the _____ day of each month

_____ % On or before the _____ day of each month

_____ % On or before the _____ day of each month

_____ % On or before the _____ day of each month

Child support payments begin the month immediately following the entry of the order. A child support payment not paid on or before the due date be considered delinquent on the next day.

(11) **Payment method.** (Choose ☒ one.)

☐ (A) The Payee shall provide to Payor the information necessary to set up direct deposit through Payor's employer. Upon receipt of the information, Payor's employer shall establish direct deposit to an account of Payee's choice.

OR

☐ (B) Child support shall be paid directly to the Payee. The Payor has paid other court ordered support on time. Income withholding for this child support would not be in the children's best interest because:

OTHER SUPPORT REQUESTS

(12) ☐ **Health insurance coverage.** (Complete this section only if you are ordering a change in health insurance coverage.)

(A) (Choose ☒ one or both.) ☐ Petitioner ☐ Respondent must maintain medical, hospital and dental care insurance for the dependent children where available at reasonable costs and the insurance coverage is accessible to the children.

(B) Both parties share equally the out-of-pocket costs of the premium paid by a parent for the children's portion of the insurance.

(C) Both parties share equally all reasonable and necessary uninsured and unreimbursed medical and dental expenses, including deductibles and co-payments, incurred for the dependent children and paid by a party.

(D) The parent who incurs medical expenses shall provide written verification of the cost and payment of medical expenses to the other parent within 30 days after the payment.

(E) A parent incurring medical expenses shall be denied the right to receive credit for the expenses or to recover the other parent's share of the expenses if that parent fails to provide written verification of the cost and payment of medical expenses to the other parent within 30 days of payment.

(F) The parent ordered to maintain insurance shall provide verification of coverage to the other parent, or to the Office of Recovery Services upon initial enrollment of the dependent children, and on or before January 2 of each calendar year; and that parent shall notify the other parent, or the Office of Recovery Services of any change of insurance carrier, premium, or benefits within 30 calendar days of the date the parent first knew or should have known of the change.

(G) Other medical expense request:

(13) ☐ **Day-care or education-related costs.** (Choose ☒ this box only if you are ordering a change payment of day-care or education-related costs.)

(A) Both parties share equally all reasonable work, career, or occupational training-related child care expenses.

(B) The parent who incurs child care expenses shall provide written verification of the cost and identity of a child care provider to the other parent upon initial engagement of a provider and thereafter on the request of the other parent.

(C) The parent who incurs child care expenses shall notify the other parent of any change of a child care provider or the monthly expense of child care within 30 calendar days of the date of the change.

(D) The parent not directly paying for child care shall begin paying their share of child care expenses on a monthly basis immediately upon presentation of proof of the child care expense.

(E) A parent incurring child care expenses may be denied the right to receive credit for the expenses or to recover the other parent's share of the expenses if the parent incurring the expenses fails to comply with these provisions.

(F) Other day-care or education expense request:

(14) ☐ **Child tax exemption award.** The controlling order is modified to award ☐ Petitioner ☐ Respondent the child tax exemption under the following terms:

(15) **Child support arrears.** Child support arrears shall be determined by further judicial or administrative process.

(16) **Change in income.** Each party must notify the other within ten days of any change in monthly income.

(17) ☐ **Costs and attorney fees.** Petitioner ☐ Respondent must pay _____ % of the costs and attorney fees of the other party in this matter.

(18) **Other.** The court further orders:

(19) Remainder of order unchanged. The remainder of the order remains unchanged.

Approved as to form.

_____	Sign here ►	_____
Date	Petitioner or Attorney	_____

_____	Sign here ►	_____
Date	Respondent or Attorney	_____

_____	Sign here ►	_____
Date	Recommended by Commissioner	_____

_____	Sign here ►	_____
Date	Ordered by Judge	_____

Certificate of Service

I certify that I served a copy of this Order on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Respondent or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Child Support Division, if applicable)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Guardian ad Litem, if applicable)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Sign here ►

Date _____

Typed or Printed Name _____